

Folder Side: Permanent

Name: KHALIA THOMPSON

Account Number: (b) (6)



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) THOMPSON, KHALIA S.					2. Social Security Number (b) (6)		3. Date of Birth (b) (6)		4. Effective Date 08/19/2018						
FIRST ACTION					SECOND ACTION										
5-A. Code 702		5-B. Nature of Action PROMOTION			6-A. Code		6-B. Nature of Action								
5-C. Code WUM		5-D. Legal Authority SCH A, 213.3102(U)			6-C. Code		6-D. Legal Authority								
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority								
7. FROM: Position Title and Number LIFE SCIENTIST ENFORCEMENT INSPECTOR SDEB0000 SP00014					15. TO: Position Title and Number LIFE SCIENTIST ENFORCEMENT INSPECTOR SDEB0000 SP00014										
8. Pay Plan GS	9. Occ. Code 0401	10. Grade or Level 07	11. Step or Rate 02	12. Total Salary 46159	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 0401	18. Grade or Level 09	19. Step or Rate 01	20. Total Salary/Award 54641	21. Pay Basis PA				
12A. Basic Pay 37049		12B. Locality Adj. 9110		12C. Adj. Basic Pay 46159		12D. Other Pay 0		20A. Basic Pay 43857		20B. Locality Adj. 10784		20C. Adj. Basic Pay 54641		20D. Other Pay 0	
14. Name and Location of Position's Organization ENVIRONMENTAL PROTECTION AGENCY REGION 3 HAZARDOUS SITE CLEANUP DIV OFC OF FED FAC REMTION&SITE ASSMT SITE ASSMT&NON-NPL FED FACILITIES BR PHILADELPHIA,PENNSYLVANI						22. Name and Location of Position's Organization ENVIRONMENTAL PROTECTION AGENCY REGION 3 HAZARDOUS SITE CLEANUP DIV OFC OF FED FAC REMTION&SITE ASSMT SITE ASSMT&NON-NPL FED FACILITIES BR PHILADELPHIA,PENNSYLVANI									
EMPLOYEE DATA															
23. Veterans Preference (b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						24. Tenure 2 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite			25. Agency Use		26. Veterans Preference for RIF (b) (6)				
27. FEGLI (b) (6)						28. Annuitant Indicator 9 NOT APPLICABLE				29. Pay Rate Determinant 0					
30. Retirement Plan KF FERS-FRAE & FICA				31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F FULL-TIME				33. Part-Time Hours Per Biweekly Pay Period					
POSITION DATA															
34. Position Occupied 2 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category N E - Exempt N - Nonexempt		36. Appropriation Code				37. Bargaining Unit Status 1050					
38. Duty Station Code 42-6540-101				39. Duty Station (City - County - State or Overseas Location) PHILADELPHIA,PHILADELPHIA,PENNSYLVANIA											
40. Agency Data FUNC CLS 42		41. VET STAT (b) (6)		42. EDUC LVL 13		43. SUPV STAT 8		44. POSITION SENSITIVITY MODERATE RISK							
45. Remarks PROMOTION IS IN ACCORDANCE WITH CAREER LADDER PROGRESSION. FULL PERFORMANCE LEVEL OF EMPLOYEE'S POSITION IS GS-12.															
46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO						50. Signature/Authentication and Title of Approving Official 181489365 / ELECTRONICALLY SIGNED BY:									
47. Agency Code EP00		48. Personnel Office ID 3318		49. Approval Date 08/19/2018		JEREMY A. TAYLOR HUMAN RESOURCES OFFICER									



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) THOMPSON, KHALIA S.				2. Social Security Number (b) (6)		3. Date of Birth (b) (6)		4. Effective Date 01/07/2018			
FIRST ACTION				SECOND ACTION							
5-A. Code 894		5-B. Nature of Action GEN ADJ				6-A. Code		6-B. Nature of Action			
5-C. Code QWM		5-D. Legal Authority REG 531.207				6-C. Code		6-D. Legal Authority			
5-E. Code ZLM		5-F. Legal Authority E.O. 13819 DATED 12/22/17				6-E. Code		6-F. Legal Authority			
7. FROM: Position Title and Number LIFE SCIENTIST ENFORCEMENT INSPECTOR SDEB0000 SP00014						15. TO: Position Title and Number LIFE SCIENTIST ENFORCEMENT INSPECTOR SDEB0000 SP00014					
8. Pay Plan GS		9. Occ. Code 0401		10. Grade or Level 07		11. Step or Rate 01		12. Total Salary 43799		13. Pay Basis PA	
16. Pay Plan GS		17. Occ. Code 0401		18. Grade or Level 07		19. Step or Rate 01		20. Total Salary/Award 44670		21. Pay Basis PA	
12A. Basic Pay 35359		12B. Locality Adj. 8440		12C. Adj. Basic Pay 43799		12D. Other Pay 0		20A. Basic Pay 35854		20B. Locality Adj. 8816	
20C. Adj. Basic Pay 44670		20D. Other Pay 0									
14. Name and Location of Position's Organization ENVIRONMENTAL PROTECTION AGENCY REGION 3 HAZARDOUS SITE CLEANUP DIV OFC OF FED FAC REMTION&SITE ASSMT SITE ASSMT&NON-NPL FED FACILITIES BR PHILADELPHIA,PENNSYLVANI						22. Name and Location of Position's Organization ENVIRONMENTAL PROTECTION AGENCY REGION 3 HAZARDOUS SITE CLEANUP DIV OFC OF FED FAC REMTION&SITE ASSMT SITE ASSMT&NON-NPL FED FACILITIES BR PHILADELPHIA,PENNSYLVANI					
EMPLOYEE DATA											
23. Veterans Preference (b) (6) 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%						24. Tenure 2 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF (b) (6)	
27. FEGLI (b) (6)						28. Annuitant Indicator 9 NOT APPLICABLE				29. Pay Rate Determinant 0	
30. Retirement Plan KF FERS-FRAE & FICA				31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F FULL-TIME				33. Part-Time Hours Per Biweekly Pay Period	
POSITION DATA											
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38. Duty Station Code 42-6540-101				39. Duty Station (City - County - State or Overseas Location) PHILADELPHIA,PHILADELPHIA,PENNSYLVANIA							
40. Agency Data FUNC CLS 42		41. VET STAT (b) (6)		42. EDUC LVL 13		43. SUPV STAT 8		44. POSITION SENSITIVITY MODERATE RISK			
45. Remarks SALARY INCLUDES A GENERAL INCREASE OF 1.4 PERCENT AND, IF APPLICABLE, A LOCALITY PAYMENT/SUPPLEMENTAL RATE (OR OTHER GEOGRAPHIC ADJUSTMENT) FOR THIS AREA.											
46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO						50. Signature/Authentication and Title of Approving Official 180118359 / ELECTRONICALLY SIGNED BY: AUTHORIZING OFFICIAL					
47. Agency Code EP00		48. Personnel Office ID 3318		49. Approval Date 01/07/2018							



Employee Express

Health Benefits History Report

This is an official document to be filed on the right side of the employee's official Personnel Folder.

Effective Date: 01/07/2018					
Employee Name (Last, First, MI): THOMPSON KHALIA S	SSN (b) (6)	Gender F	DOB (b) (6)	Married (b) (6)	
Home Mailing Address [REDACTED]		Nature of Transaction: FEHB Change New Enrollment Code: (b) (6) New Plan Name: (b) (6)			
Name of Family Members	Zip	Date of Birth	Gender	Relationship	SSN
Medicare Coverage A? (b) (6) Medicare Coverage B? (b) (6) Medicare Coverage D? (b) (6) TRICARE? (b) (6)					
Other Insurance? (b) (6) Other Private Insurance: Other Insurance Policy #:					
Present Plan Name (b) (6)		Enrollment Code (b) (6)	Event Code (b) (6)	Date of Event 11/13/2017	
Acceptance Date 11/13/2017 11:51:43	CPDF Code (b) (6)	Personnel Office ID 00RT3318	Payroll Office Number 68140108		



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) THOMPSON, KHALIA S.					2. Social Security Number (b) (6)		3. Date of Birth (b) (6)		4. Effective Date 01/07/2018						
FIRST ACTION					SECOND ACTION										
5-A. Code 893		5-B. Nature of Action REG WRI			6-A. Code		6-B. Nature of Action								
5-C. Code Q7M		5-D. Legal Authority REG 531.404			6-C. Code		6-D. Legal Authority								
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority								
7. FROM: Position Title and Number LIFE SCIENTIST ENFORCEMENT INSPECTOR SDEB0000 SP00014					15. TO: Position Title and Number LIFE SCIENTIST ENFORCEMENT INSPECTOR SDEB0000 SP00014										
8. Pay Plan GS	9. Occ. Code 0401	10. Grade or Level 07	11. Step or Rate 01	12. Total Salary 44670	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 0401	18. Grade or Level 07	19. Step or Rate 02	20. Total Salary/Award 46159	21. Pay Basis PA				
12A. Basic Pay 35854		12B. Locality Adj. 8816		12C. Adj. Basic Pay 44670		12D. Other Pay 0		20A. Basic Pay 37049		20B. Locality Adj. 9110		20C. Adj. Basic Pay 46159		20D. Other Pay 0	
14. Name and Location of Position's Organization ENVIRONMENTAL PROTECTION AGENCY REGION 3 HAZARDOUS SITE CLEANUP DIV OFC OF FED FAC REMTION&SITE ASSMT SITE ASSMT&NON-NPL FED FACILITIES BR PHILADELPHIA,PENNSYLVANI						22. Name and Location of Position's Organization ENVIRONMENTAL PROTECTION AGENCY REGION 3 HAZARDOUS SITE CLEANUP DIV OFC OF FED FAC REMTION&SITE ASSMT SITE ASSMT&NON-NPL FED FACILITIES BR PHILADELPHIA,PENNSYLVANI									
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27. FEGLI (b) (6)						28. Annuitant Indicator 9 NOT APPLICABLE				29. Pay Rate Determinant 0					
30. Retirement Plan KF FERS-FRAE & FICA				31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F FULL-TIME				33. Part-Time Hours Per Biweekly Pay Period					
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38. Duty Station Code 42-6540-101				39. Duty Station (City - County - State or Overseas Location) PHILADELPHIA,PHILADELPHIA,PENNSYLVANIA											
40. Agency Data FUNC CLS 42		41. VET STAT (b) (6)		42. EDUC LVL 13		43. SUPV STAT 8		44. POSITION SENSITIVITY MODERATE RISK							
45. Remarks WORK PERFORMANCE IS AT AN ACCEPTABLE LEVEL OF COMPETENCE.															
46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO						50. Signature/Authentication and Title of Approving Official 180051864 / ELECTRONICALLY SIGNED BY: JEREMY A. TAYLOR HUMAN RESOURCES OFFICER									
47. Agency Code EP00		48. Personnel Office ID 3318		49. Approval Date 01/07/2018											



Employee Express

Thrift Savings Plan History Report

This is an official document to be filed on the right side of the employee's official Personnel Folder.

Employee Name (Last, First MI): THOMPSON KHALIA S	SSN (b) (6)	DOB (b) (6)	CPDF Code (b) (6)
Transaction Date/Time 04/20/2017 13:11:29	TSP Amount (b) (6)	TSP Percentage (b) (6)	Transaction TSP Tax Deferred Start / Change
TSP Effective Date 04/30/2017	Personnel Office ID 00RT3318	Payroll Office Number 68140108	



Employee Express

Thrift Savings Plan History Report

This is an official document to be filed on the right side of the employee's official Personnel Folder.

Employee Name (Last, First MI): THOMPSON KHALIA S	SSN (b) (6)	DOB (b) (6)	CPDF Code (b) (6)
Transaction Date/Time 03/22/2017 09:33:09	TSP Amount (b) (6)	TSP Percentage (b) (6)	Transaction TSP Tax Deferred Start / Change
TSP Effective Date 04/02/2017	Personnel Office ID 00RT3318	Payroll Office Number 68140108	



Employee Express

Thrift Savings Plan History Report

This is an official document to be filed on the right side of the employee's official Personnel Folder.

Employee Name (Last, First MI): THOMPSON KHALIA S	SSN (b) (6)	DOB (b) (6)	CPDF Code (b) (6)
Transaction Date/Time 01/18/2017 08:26:37	TSP Amount (b) (6)	TSP Percentage (b) (6)	Transaction TSP Tax Deferred Start / Change
TSP Effective Date 01/22/2017	Personnel Office ID 00RT3318	Payroll Office Number 68140108	



Health Benefits Election Form

Part A - Enrollee and Family Member Information *(for additional family members use a separate sheet and attach)*

1. Enrollee name <i>(last, first, middle initial)</i> THOMPSON, KHALIA S.		2. Social Security Number (b) (6)	3. Date of birth <i>(mm/dd/yyyy)</i> (b) (6)	4. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	5. Are you married? (b) (6)
6. Home mailing address <i>(including ZIP Code)</i> (b) (6)		7. If you are covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		8. Medicare Claim Number	
		9. Are you covered by insurance other than Medicare? (b) (6)			
10. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other Name of other insurance: _____ Policy Number: _____ <input type="checkbox"/> FEHB An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.					
11. Email address (b) (6)		12. Preferred telephone number (b) (6)			
13. Name of family member <i>(last, first, middle initial)</i>		14. Social Security Number	15. Date of birth <i>(mm/dd/yyyy)</i>	16. Sex <input type="checkbox"/> M <input type="checkbox"/> F	17. Relationship code
18. Address <i>(if different from enrollee)</i>		19. If this family member is covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		20. Medicare Claim Number	
		21. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 22 below. <input type="checkbox"/> No			
22. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other Name of other insurance: _____ Policy Number: _____ <input type="checkbox"/> FEHB An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.					
23. Email address <i>(if applicable, enter email address of your spouse or adult child)</i>		24. Preferred telephone number <i>(if applicable, enter preferred phone number of your spouse or adult child)</i>			
25. Name of family member <i>(last, first, middle initial)</i>		26. Social Security Number	27. Date of birth <i>(mm/dd/yyyy)</i>	28. Sex <input type="checkbox"/> M <input type="checkbox"/> F	29. Relationship code
30. Address <i>(if different from enrollee)</i>		31. If this family member is covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		32. Medicare Claim Number	
		33. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 34 below. <input type="checkbox"/> No			
34. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other Name of other insurance: _____ Policy Number: _____ <input type="checkbox"/> FEHB An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.					
35. Email address <i>(if applicable, enter email address of your spouse or adult child)</i>		36. Preferred telephone number <i>(if applicable, enter preferred phone number of your spouse or adult child)</i>			
37. Name of family member <i>(last, first, middle initial)</i>		38. Social Security Number	39. Date of birth <i>(mm/dd/yyyy)</i>	40. Sex <input type="checkbox"/> M <input type="checkbox"/> F	41. Relationship code
42. Address <i>(if different from enrollee)</i>		43. If this family member is covered by Medicare, check all that apply. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		44. Medicare Claim Number	
		45. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 46 below. <input type="checkbox"/> No			
46. Indicate the type(s) of other insurance: <input type="checkbox"/> TRICARE <input type="checkbox"/> Other Name of other insurance: _____ Policy Number: _____ <input type="checkbox"/> FEHB An FEHB Self Plus One enrollment covers the enrollee and one eligible family member designated by the enrollee. An FEHB Self and Family enrollment covers the enrollee and all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.					
47. Email address <i>(if applicable, enter email address of your spouse or adult child)</i>		48. Preferred telephone number <i>(if applicable, enter preferred phone number of your spouse or adult child)</i>			

(Continued on the reverse)

Enrollee name: THOMPSON, KHALIA S.

Date of birth: (b) (6)

Part B - FEHB Plan You Are Currently Enrolled In (if applicable)

1. Plan name 2. Enrollment code

Part D - Event That Permits You To Enroll, Change, or Cancel (see page 2)

1. Event code 2. Date of event
(b) (6) 01/07/2017

Part F - Cancellation of FEHB

- ☐ I CANCEL my enrollment.
My signature in Part H certifies that I have read and understand the information on page 3 regarding cancellation of enrollment.

Part H - Signature

WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

1. Your signature (do not print)
Electronically signed by Khalia S Thompson
2. Date (mm/dd/yyyy)
01/11/2017 12:20 pm

Part I -To be completed by agency or retirement system**REMARKS**

New employee enrollment

Part C - FEHB Plan You Are Enrolling In or Changing To

1. Plan name 2. Enrollment code
(b) (6)

Part E - Election NOT to Enroll (Employees Only)

- ☐ I do NOT want to enroll in the FEHB Program.
My signature in Part H certifies that I have read and understand the information on page 3 regarding this election.

Part G - Suspension of FEHB (Annuitants/Former Spouses Only)

- ☐ I SUSPEND my enrollment.
My signature in Part H certifies that I have read and understand the information on page 4 regarding suspension of enrollment.

1. Date received (mm/dd/yyyy) 01/11/2017	2. Effective date of action (mm/dd/yyyy) 01/22/2017	3. Personnel telephone number (919)541-3533
4. Name and address of agency or retirement system U.S. EPA 109 Alexander Dr RTP, NC 27711		5. Authorizing official (please print) Cathy Davis
		6. Signature of authorized agency official Electronically signed by CATHERINE DAVIS
7. Payroll office number 68-14-0108	8. Payroll office contact (please print) IBC	9. Payroll telephone number (303)969-5463



Khalia Thompson

(b) (6)

EDUCATION

Bachelor of Science Allegheny College, Meadville PA
Environmental Science
Minor: Environmental Writing

Graduated May 2015

GPA

(b) (6)

Experience

Environmental Scientist, Arcadis US, Cranbury NJ
07/2015-04/2016

- Experience includes: human health and toxicological research, energy regulations, groundwater sampling, and vapor intrusion, well gauging, and emergency response work
- Assists a team in the Cranbury NJ office on vapor intrusion work in the NJ/PA area. This vapor intrusion work includes soil gas, indoor air, and ambient air sampling programs, and the evaluation of data to be used in remediation decision making
- Emergency Response, State of California
Helped manage crews of up to 100 people for site assessments and confirmation sampling.
Provided data management support for documents and photos for over 1,200 homes that were destroyed by the Valley wildfire. Organized and led logistics for hotel reservations and scheduling.
Managed health and safety certifications and compliance for almost 100 staff. Interacted and worked with five government and private agencies to plan logistics of cleanup.

Counselor/Advocate, Women Services Inc, Meadville, PA
04/2015-07/2015

- Completed 60-hour training
- Worked with women and children to reach goals such as housing and behavioral interventions
- Monitored the 24-hour hotline for domestic and sexual abuse victims
- Provided job support for women living in the shelter

Research Assistant, Monell Chemical Senses Center, Philadelphia, PA
06/2014-08/2014

- Conducted five multistep experiments to assist the senior researcher with investigating how the sense of taste is regulated in humans
- Created and presented poster detailing summer internship and experiment methods

Intern, Department of Environmental Protection, Meadville, PA
01/2014- 05/2014

- Assisted the legal team with investigating the treatment options of Legionella, a bacterium found in water systems in hospitals
- Reviewed PA regulations and its application to the fracking industry in Pennsylvania
- Helped draft violation notification for legal department

Intern, Exelon Power, Kenneth Square PA
06/2012-08/2012

- Assisted the environmental team with different projects including permit reduction of one coal power plant.
- Presented summer research project to interns across the country

Lab Assistant, Casper Lab University of Pennsylvania, Philadelphia, PA
2009-2011

- Environmental investigation of fungi in plants at a heavy metal polluted site
- Presented results at regional and state science fairs and placed within top ten

Intern, Department of Environmental Sciences, Drexel University
01/2010-05/2010

- Investigated climate change in a program for H.S. students, funded by NASA
- Conducted research at an off-site facility in PA

Service and Leadership

Thompson 1



Navi-Gator, Allegheny College, Meadville PA

08/ 2013-05/2014

- Provided support to first year students to help navigate Allegheny college resources and campus
- Planned four group activities per semester that included tutoring sessions and recreational activities for first year students.

Best Buddies, Associate Member, Allegheny College, Meadville, PA

2012- 2014

- An organization that pairs mentally challenged adults with people from the community to form life- long friendships.
- Provided friendship and mentorship with a local teenager through game nights and personal communication

Sister Circle, Allegheny College, Meadville PA

2011-2015

- A group of 30 female students of color, and faculty that work together to provide support for each other through personal and academic tutoring. Strengthened connections within the campus communities

Additional Experience

ASAP, Allegheny Students for Advancing Philanthropy, Meadville, PA

12/2014-05/2015

- Worked with alumni affairs to increase knowledge about philanthropy on campus
- Hosted Gator Give Day, where donors gave almost 1 million dollars to Allegheny
- Hosted love a donor day, where students wrote almost one thousand thank you notes for donors
- Assist in baking 1000 plus cookies per day for campus dining services

Multicultural Intern, Allegheny College Admissions

04/2014-12/2014

- Assisted the Admissions Office with outreach and programming aimed at increasing diversity among incoming students
- Planned visits with groups of 45 to 50 students on a monthly basis
- Outreach with community based organizations to provide information about the college process
- Provided resources to families with the college search process
- Provided financial aid advice/ resources to families

Awards/Scholarships

Department of Global Health Studies, Allegheny College, Meadville, Pa

Summer 2014

- Received a stipend & living expenses to fund public health research in Philadelphia for 5 weeks
- Worked with a mobile family therapist in low income communities
- Helped 10 children with behavioral health problems, reach individual goals

American Association of Blacks in Energy Regional Scholarship

2011

- Selected from a national pool of high school applicants who are interested in the energy field, for a \$3,000 regional scholarship for college expenses

National Science Foundation Scholar, Allegheny College, Meadville, PA

2011-2015

- Selected to receive a grant from the National Science Foundation for minority students for four years of study at Allegheny College.



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1. Name (Last, First, Middle) THOMPSON, KHALIA S.					2. Social Security Number (b) (6)		3. Date of Birth (b) (6)		4. Effective Date 01/08/2017						
FIRST ACTION					SECOND ACTION										
5-A. Code 170		5-B. Nature of Action EXC APPT			6-A. Code		6-B. Nature of Action								
5-C. Code WUM		5-D. Legal Authority SCH A, 213.3102(U)			6-C. Code		6-D. Legal Authority								
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority								
7. FROM: Position Title and Number					15. TO: Position Title and Number LIFE SCIENTIST ENFORCEMENT INSPECTOR SDEB0000 SP00014										
8. Pay Plan		9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary		13. Pay Basis	16. Pay Plan GS	17. Occ. Code 0401	18. Grade or Level 07	19. Step or Rate 01	20. Total Salary/Award 43799	21. Pay Basis PA		
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay 35359		20B. Locality Adj. 8440		20C. Adj. Basic Pay 43799		20D. Other Pay 0	
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization REGION 3 HAZARDOUS SITE CLEANUP DIV OFC OF FED FAC REMTION&SITE ASSMT SITE ASSMT&NON-NPL FED FACILITIES BR PHILADELPHIA,PENNSYLVANI										
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27. FEGLI (b) (6)					28. Annuitant Indicator 9 NOT APPLICABLE					29. Pay Rate Determinant 0					
30. Retirement Plan KF FERS-FRAE & FICA				31. Service Comp. Date (Leave) (b) (6)		32. Work Schedule F FULL-TIME				33. Part-Time Hours Per Biweekly Pay Period					
POSITION DATA															
34. Position Occupied 2 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				35. FLSA Category N E - Exempt N - Nonexempt		36. Appropriation Code				37. Bargaining Unit Status 1050					
38. Duty Station Code 42-6540-101				39. Duty Station (City - County - State or Overseas Location) PHILADELPHIA,PHILADELPHIA,PENNSYLVANIA											
40. Agency Data FUNC CLS 42		41. VET STAT (b) (6)		42. EDUC LVL 13		43. SUPV STAT 8		44. POSITION SENSITIVITY MODERATE RISK							
45. Remarks APPOINTMENT AFFIDAVIT EXECUTED 01/09/17. CREDITABLE MILITARY SERVICE: (b) (6) PREVIOUS RETIREMENT COVERAGE: (b) (6) FROZEN SERVICE NONE EMPLOYEE IS AUTOMATICALLY COVERED UNDER (b) (6) FULL PERFORMANCE LEVEL OF EMPLOYEE'S POSITION IS GS-12. OPF MAINTAINED BY U.S. EPA, HRMD, MD C639-02, RTP, NC 27711 APPOINTMENT IS SUBJECT TO COMPLETION OF A TWO YEAR TRIAL PERIOD BEGINNING 1/8/2017.															
46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO							50. Signature/Authentication and Title of Approving Official 162041850 / ELECTRONICALLY SIGNED BY: JEREMY A. TAYLOR ACTING HUMAN RESOURCES OFFICER								
47. Agency Code EP00		48. Personnel Office ID 3318		49. Approval Date 01/08/2017											



APPOINTMENT AFFIDAVITS

Life Scientist

(Position to which Appointed)

January 8, 2017

(Date Appointed)

Environmental Protection Agency

(Department or Agency)

Region III

(Bureau or Division)

Philadelphia, Pennsylvania

(Place of Employment)

I, Khalia S. Thompson, do solemnly swear (or affirm) that--

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.


(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this 9th day of January, 2017

at Philadelphia
(City)

Pennsylvania
(State)

(SEAL)


(Signature of Officer)

Commission expires _____
(If by a Notary Public, the date of his/her Commission should be shown)

Human Resources Officer
(Title)

Note - If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act. Please contact your agency's legal counsel for advice.



Life Insurance Election
Federal Employees' Group Life Insurance Program
See Privacy Act Statement on back of Part 3

1 General Instructions
By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) do nothing and have Basic automatically, (2) elect Basic and any or all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

- Read the back of Part 3 - Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.
- Give all parts of your completed form to your employing office. Your employing office will complete Section 6 of this form (or its electronic equivalent) and return your copy to you.

This election supersedes all previous elections.

2 Fill in identifying information concerning the employee.

Name (last, first, middle) THOMPSON, KHALIA S.		Date of birth (mm/dd/yyyy) (b) (6)	Social Security Number (b) (6)
Employing department or agency ENVIRONMENTAL PROTECTION AGENCY	OWCP claim number, if applicable	Location of department or agency where you work (city, state, ZIP code) Philadelphia, PA 19103	Daytime telephone number (including area code) (b) (6)

3 To elect or retain Basic, sign and date below. If you do not sign for Basic, you (or your assignee) may not elect or retain any form of optional insurance. If you do not want any insurance at all, skip to Section 5.

I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to U.S. Postal Service employees.)

Basic

SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are **not** valid.)

→ (b) (6) (b) (6)

4 Optional If you signed for Basic in item 3 above, you may elect or retain any or all of the following options (UNLESS you have previously waived any or all of these options, in which case you may elect only those options which you are eligible to elect as outlined in the FEGLI Program Booklet). Sign the box(es) below for any option(s) you are eligible for and wish to elect or retain. If you do not sign for an option, you have waived it and your future opportunities to enroll in it are strictly limited.

You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s).

Option A - Standard

I want Option A.
I authorize deductions to pay the full cost.

Option B - Additional

I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost.

(b) (6)	1 times my pay	(b) (6)	3 times my pay
(b) (6)	2 times my pay	(b) (6)	4 times my pay
(b) (6)	5 times my pay	(b) (6)	

Option C - Family

I want Option C in the multiple I indicate below. I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$2,500 upon the death of an eligible child. I authorize deductions to pay the full cost.

(b) (6)	1 multiple	(b) (6)	3 multiples
(b) (6)	2 multiples	(b) (6)	4 multiples
(b) (6)		(b) (6)	5 multiples

SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are **not** valid.)

→ (b) (6)

Date (mm/dd/yyyy)

(b) (6)

SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are **not** valid.)

→ (b) (6)

Date (mm/dd/yyyy)

(b) (6)

SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are **not** valid.)

→ (b) (6)

Date (mm/dd/yyyy)

(b) (6)

5 If you want NO life insurance coverage, sign and date below.

Waiver of all life insurance coverage

I want NO life insurance coverage. I understand that any life insurance I have will stop at the end of the last day of the pay period in which my employing office receives this waiver. Further, I cannot get Basic life insurance unless (1) I wait at least 1 year after I sign this form and submit satisfactory medical information, or (2) I experience a life event, or (3) I have a break in Federal service of at least 180 days, or (4) I participate in an open season, which is held infrequently. I understand that I cannot get any optional insurance unless I first have Basic. I understand that my decision to waive life insurance coverage now may affect my eligibility for coverage as a retiree.

SIGNATURE (Do not print. Only you or your assignee may sign. Signatures by guardians, conservators or through a power of attorney are **not** valid.)

→ (b) (6)

Date (mm/dd/yyyy)

(b) (6)

6 Agency Use

Remarks: (b) (6)		If new/newly eligible employee, enter "0" for event. (b) (6)	
Name and address of employing office U.S. EPA 109 Alexander Dr RTP, NC 27711	Date received in employing office (mm/dd/yyyy) 01/11/2017	Effective date of coverage (mm/dd/yyyy) 01/08/2017	Number of event permitting change (See back of Part 2)
I followed the instructions on the back of Part 1. Signature of authorized agency official Electronically signed by CATHERINE DAVIS			

The employee's copy of this form, when completed by the employing office, together with the FEGLI Program Booklet (FE 76-21 or FE 76-20 for U.S. Postal Service employees) constitute the employee's Certificate (proof) of Insurance.

PART 1 - File in Official Personnel Folder



STATEMENT OF PRIOR FEDERAL SERVICE**To be Completed by Employee**

1. Name (Last, First, Middle Initial)

THOMPSON, KHALIA, S.

2. Social Security Number

(b) (6)

3. Date of Birth (Month, Day, Year)

(b) (6)

4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?

☐ Yes — If "Yes", check this block and skip to Item 8. ☒ No — If "No", check this block and complete Items 5 - 9.

5. List below your prior civilian service. Include service with the DC Government on appointments made before October 1, 1987.

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or Intermittent)
	Year	Month	Day	Year	Month	Day	

6. During periods of employment shown in Item 5, did you have a total of more than 6 months' absence without pay during any one calendar year?

☐ Yes — If "Yes", list the following information.☒ No — If "No", go to Item 7.

TYPE OF ABSENCE, IF KNOWN (LWOP, Furlough, Suspension, AWOL, or Placement in Nonpay Status)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS

7. List all uniformed service below. List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration.

BRANCH OF SERVICE	FROM			TO			DISCHARGE (Honorable or Dishonorable)
	Year	Month	Day	Year	Month	Day	

8. Do you claim any type of veterans' preference which has not been verified?

(b) No (b) Yes — Check one of the statements, if it applies to you. I claim preference as the:

(b) Spouse of a disabled veteran (b) Mother of a deceased or disabled veteran (b) Unmarried widow/widower of a veteran

9. **CERTIFICATION:** The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature

Electronically signed by Khalia S Thompson

Date

01/07/2017 12:36 am



Certified Official
Keith Keith
HR Specialist
11/29/2016

Official Academic Transcript from Allegheny College

Statement of Authenticity

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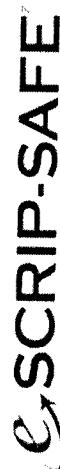
Allegheny College
Ian Binnington
520 North Main Street
Meadville, PA 16335
Telephone: 814-332-2357
School Web Page: www.allegheny.edu
Accreditation: Middle States Association of Colleges and Schools (MSA)

Student Information

Student Name: Khalia Thompson
Numeric Identifier: (b) (6)
Birth Date: (b) (6)
Student Email: (b) (6)

Receiver Information

hisle.keith@epa.gov



Document Information

Transmitted On: Mon, 28 November 2016
Transcript ID: TRAN000010896725



NAME
GRADUATED
DEGREE
RANK

Khalia Thompson
09/28/15
BS
(b) (6)

DEPT. NO. DESCRIPTION

FALL 2011

PS 101 ACADEMIC DISCOURSE I
ENVSC 110 INTRO TO ENVIRONMENTAL SCIENCE
MATH 157 CALC I FOR SOCIAL/LIFE SCIENCE
COMPLETED HOURS

SPRING 2012

DMS 110 YOGA I
PS 102 ACADEMIC DISCOURSE II
MATH 158 CALC II SOCIAL/LIFE SCIENCE
ENVSC 590 INDEPENDENT STUDY
COMPLETED HOURS

FALL 2012

FSENV 201 ENVIRONMENTAL PROBLEM ANALYSIS
ENGL 200 READING LITERATURE
MATH 158 CALC II SOCIAL/LIFE SCIENCE
GEO 110 PHYSICAL GEOLOGY
COMPLETED HOURS

(b) (6)

SPRING 2013

CHEM 110 PRINCIPLES OF CHEMISTRY I
*COURSE COMPLETED 08/13/13
PSYCH 110 FOUNDATIONS OF PSYCHOLOGY
*COURSE COMPLETED 07/22/13
ENVSC 210 ENVIRONMENTAL RESEARCH METHODS
*COURSE COMPLETED 07/29/13
ENVSC 490 POLITICAL ECOLOGY
ENGL 205 WRITING FICTION
*COURSE COMPLETED 10/04/13
ENVSC 190 THE FOREST QUESTION IN INDIA
COMPLETED HOURS

(b) (6)

FALL 2013

ENVSC 415 ENVIRONMENTAL HEALTH
ENGL 501 READ INTERNSHIP
*COURSE COMPLETED 03/17/14
ENVSC 585 JR SEMINAR: SUSTAINABLE DEV'T
ENVSC 410 SCIENCE TECH & THE ENVIRONMENT
GEO 591 GROUP STUDY
COMPLETED HOURS

(b) (6)

SPRING 2014

ENGL 210 WRITING NONFICTION
ENVSC 335 CONSERVATION BIOLOGY
ENVSC 193 CIVIL RIGHTS & DEMOCRATIC PART
ENVSC 518 INTERN: ENVIRONMENTAL REGULATION
INTST 190 SYRIA: THROUGH THE EYES OF ...
COMPLETED HOURS

(b) (6)

REMARKS

(b) (6) 11/26/XXXX
ALLEGHENY
COLLEGE
PRINTED 11/28/16

MAJOR
MINOR
Env Science
Environmental Writin

DEPT. NO. DESCRIPTION CREDIT HR. GRADE

SUMMER 2014

ENVSC 529 INTERNSHIP
COMPLETED HOURS

FALL 2014

ENVSC 290 QUANTITATIVE SUSTAINABILITY
ENGL 493 ADVNCD NONFICTION WRITG WRKSHP
GHS 490 APPLIED TOXICOLOGY
ENVSC 600 SENIOR PROJECT I
GHS 121 EPIDEMIOLOGY
INTDS 193 CIVIL RIGHTS & DEMOCRATIC PART
COMPLETED HOURS

SPRING 2015

ENGL 209 LIT ABOUT THE ENVIRONMENT
BLKST 100 INTRODUCTION TO BLACK STUDIES
GHS 130 INTRODUCTION TO GLOBAL HEALTH
ENVSC 610 SENIOR PROJECT II
ENVSC 590 INDEPENDENT STUDY
INTDS 193 CIVIL RIGHTS & DEMOCRATIC PART
COMPLETED HOURS

(b) (6)

SUMMER 2015

ENVSC 590 INDEPENDENT STUDY
COMPLETED HOURS

(b) (6)

QUALITY POINTS
QUALITY POINT HOURS
-----END OF TRANSCRIPT-----



Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

◆ Khalia Shenay Thompson

2. **SOCIAL SECURITY NUMBER**

◆ (b) (6)

- 3a. **PLACE OF BIRTH** (Include city and state or country)

◆ (b) (6)

- 3b. **ARE YOU A U.S. CITIZEN?**

(b) (6)

(If "NO", provide country of citizenship) ◆

4. **DATE OF BIRTH** (MM / DD / YYYY)

(b) (6)

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)

(b) (6)

6. **PHONE NUMBERS** (Include area codes)

(b) (6)

Day ◆

Night ◆

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959?

☐ YES

☒ NO (If "NO", proceed to 8.)

- 7b. Have you registered with the Selective Service System?

☐ YES (If "YES", proceed to 8.)

☐ NO (If "NO", proceed to 7c.)

- 7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military?

(b) (6)

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge
(b) (6)			

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

(b) (6)

10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

11. Are you currently under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.



Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?

(b) (6)

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I **understand** that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I **understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I **consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I **understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: Khalia Thoup Date 12/23/2016
(Sign in ink)

17b. Appointee's Signature: Khalia Tho Date 1/9/2017
(Sign in ink)

Appointing Officer:

Enter Date of Appointment or Conversion
MM / DD / YYYY

01/08/2017

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job?

MM / DD / YYYY

DATE:

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

☐ YES ☐ NO ☐ DO NOT KNOW

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.

☐ YES ☐ NO ☐ DO NOT KNOW

